

1641

CERTIFICATE OF MAILING

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Name (Print/Type) Donna Macedo Signature *Donna Macedo* Date 08-09-2001

Combined Transmittal and Fee Calculation Sheet <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity	Application Number	09/472,654
	Confirmation Number	n/a
	Filing Date	December 27, 1999
	First Named Inventor	Fogarty
	Examiner	M. Pham
	Group Art	1641
	Attorney Docket No.	TOSK004

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule	Total	20	20	0		\$ -
<input checked="" type="checkbox"/> 37 CFR § 1.111	Independent	4	4	0		\$ -
<input checked="" type="checkbox"/> Pages 6	Multiple					
Total Extra Claim Fees						\$ -

RECEIVED

AUG 17 2001

☐ Applicants Petition for an Extension of time from _____ to _____ Fee _____

☐ Response to File Missing Parts (with copy of formalities letter)

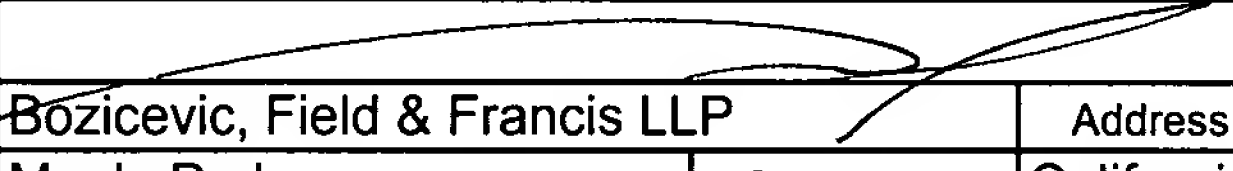
<input type="checkbox"/> Filing Fee	Fee
<input type="checkbox"/> Executed Declaration Pages _____	Surcharge Fee
<input checked="" type="checkbox"/> Other Excerpt from Fundamental Toxicology for Chemists	Fee
	Fee
	Fee
	Fee
	Subtotal \$ -

☐ Information Disclosure Statement

<input type="checkbox"/> PTO Form 1449 Pages _____	Fee
<input type="checkbox"/> Copies of Cited References	Fee
<input type="checkbox"/> Other	Fee
	Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

<input type="checkbox"/> Sequence Listing Certification	Fee
<input type="checkbox"/> Paper Copy of Sequence Listing Pages _____	Fee
<input type="checkbox"/> Diskette in computer-readable format	Fee
<input type="checkbox"/> Other	Fee

<input type="checkbox"/> Terminal Disclaimer		Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages	_____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	_____	Fee _____
<input type="checkbox"/> Reply Brief	Pages	_____	Fee \$ -
			Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee _____	
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ -	
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Bret E. Field		Registration No. 37,620
Signature			Date 08-09-2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California
		zip	94025
Telephone - Direct Dial	650-327-3400	Facsimile	650-327-3231

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